

MONROE COUNTY DSS  
111 WESTFALL ROAD  
ROCHESTER, NY 14620

NOTICE OF DECISION ON YOUR  
SUPPLEMENTAL NUTRITION ASSISTANCE.

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS  
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO  
CON SU TRABAJADOR(A).

NOTICE NUMBER: U26DA06036		DATE: July 14, 2021		CASE NUMBER: FA0508317	
OFFICE	UNIT	WORKER	UNIT OR WORKER NAME		TELEPHONE NO.
	FCP41	32116	OPERATOR		585-753-6000
<b>AGENCY TELEPHONE NUMBERS</b> GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <u>585-753-6000</u> ----- OR Agency Conference <u>585-753-2740</u>  Fair Hearing information and assistance <u>800-342-3334</u>  Record Access <u>585-753-6000</u>  Child/Teen Health Plan <u>585-753-6000</u>			<b>CASE NAME / AND ADDRESS</b>  /FCP41/32116  KELSO LEAH 620 HOLLEY ST, BROCKPORT, NY 14420		
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.					
If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.					
<b><u>SUPPLEMENTAL NUTRITION ASSISTANCE</u></b> Your July 13, 2021 application for SNAP benefits is APPROVED from August 1, 2021 to October 31, 2021. The following individuals are approved for SNAP: LEAH KELSO LEILANI KELSO MCKENZIE CACCAMISE JAXSON CACCAMISE  You will get \$775.00 in SNAP benefits each month. Your first month's SNAP benefits will become available on July 14, 2021. Each month after that, your SNAP benefits will become available on the seventh day of the month. If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued. If you have also applied for public assistance and are approved, your SNAP benefits might be reduced or discontinued. If this happens, you will not receive a notice about your SNAP benefits. This decision is based on Regulation 18 NYCRR 387.8 and 7 CFR 273.2.					

**How we figured your SNAP Benefits:**

Check the information below and let us know if something is wrong. If there is a mistake, it could mean that this decision we made about your benefit is not correct.

- o You will get \$775.00 monthly beginning August, 2021.
- o There are 4 people in your SNAP household.
- o You pay \$400.00 for housing.
- o According to our records, your type of housing is known as Private Rent.
- o Your heat is included in your rent. Either you have incurred air conditioning costs or you have received a HEAP payment within the last 13 months. (You may need to apply for HEAP separately.) The total of your verified heat (and/or air conditioning), utilities and phone costs is less than the standard. We allow the standard of \$661.00.
- o There is no one 60 or older or disabled in your SNAP household.
- o No one in your household pays legally-obligated child support.
- o We allow expenses for child care or dependent care while you are employed or seeking employment through job search, or are in training. You do not pay for child care or dependent care.
- o We count the following monthly income:

<u>Person with income</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
LEAH KELSO	Unemployment Insurance	\$788.67
Total Income:		<u>\$788.67</u>
Countable Income:		<u>\$21.67</u>

- o (To figure your monthly income we multiply your average weekly income by  $4 \frac{1}{3}$ , or your average bi-weekly income by  $2 \frac{1}{6}$ .)

**SERVICES AND OTHER INFORMATION****Your NYS Common Benefit Identification Card:**

If you are a new recipient, a New York State Common Benefit Identification card will be mailed to you. If you received benefits in the past and were sent a card, a new card will not automatically be mailed to you. If possible, you should use the same card you received before. Please keep your card in a safe place and let us know immediately if your card does not work, is lost or stolen. Keep this card even if you stop receiving benefits. The same card will be used again if you become eligible again in the future.

**Your Personal Identification Number (PIN):**

If you are a new recipient of either SNAP Benefits or cash assistance, a PIN will be mailed to you. If you have received such benefits since 2001 and had a PIN, you can continue to use that PIN. You will use your new PIN along with your NYS Common Benefit Identification Card to get your benefits. Never keep your PIN and your card in the same place. Never write your PIN on your card.

**National School Lunch, School Breakfast, and/or Special Milk Programs**

The children listed below are eligible to receive free lunch, breakfast, and/or milk. To participate in one or more of these programs, take or send a copy of this notice to the school that your child attends.

LEILANI KELSO

**Summer Food Service Program**

Summer should be a stress-free time full of food, friends and fun. Free summer meals can help. During the summer months, children 18 and under can receive free, nutritious meals at Summer Food Service Program meal sites. Many sites also offer fun activities, so kids and teens can stay active and spend time with friends while enjoying healthy meals. Meals and snacks are also available to persons with

disabilities, over age 18, who participate in school programs for people who are mentally or physically disabled. To locate a site in your community or for further information, please call the National Hunger Hotline at 1-866-3-HUNGRY, text "food" or "comida" to 877-877, or go to [www.Summermealsny.org](http://www.Summermealsny.org).

#### IMPORTANT REMINDER

##### Protect Your Electronic Benefit Transfer (EBT) Benefits from Thieves.

If someone calls you do not ever give out personal information, such as your social security number, EBT card number, or EBT personal identification number (PIN). Even if the caller claims to be a local agency worker, a State, a Federal or an EBT official, do not give them your personal information. If your EBT card is lost, stolen or damaged you must first call EBT Customer Service at 1-888-328-6399 to stop the card so it may no longer be used. Then contact your local assistance center for a replacement card.

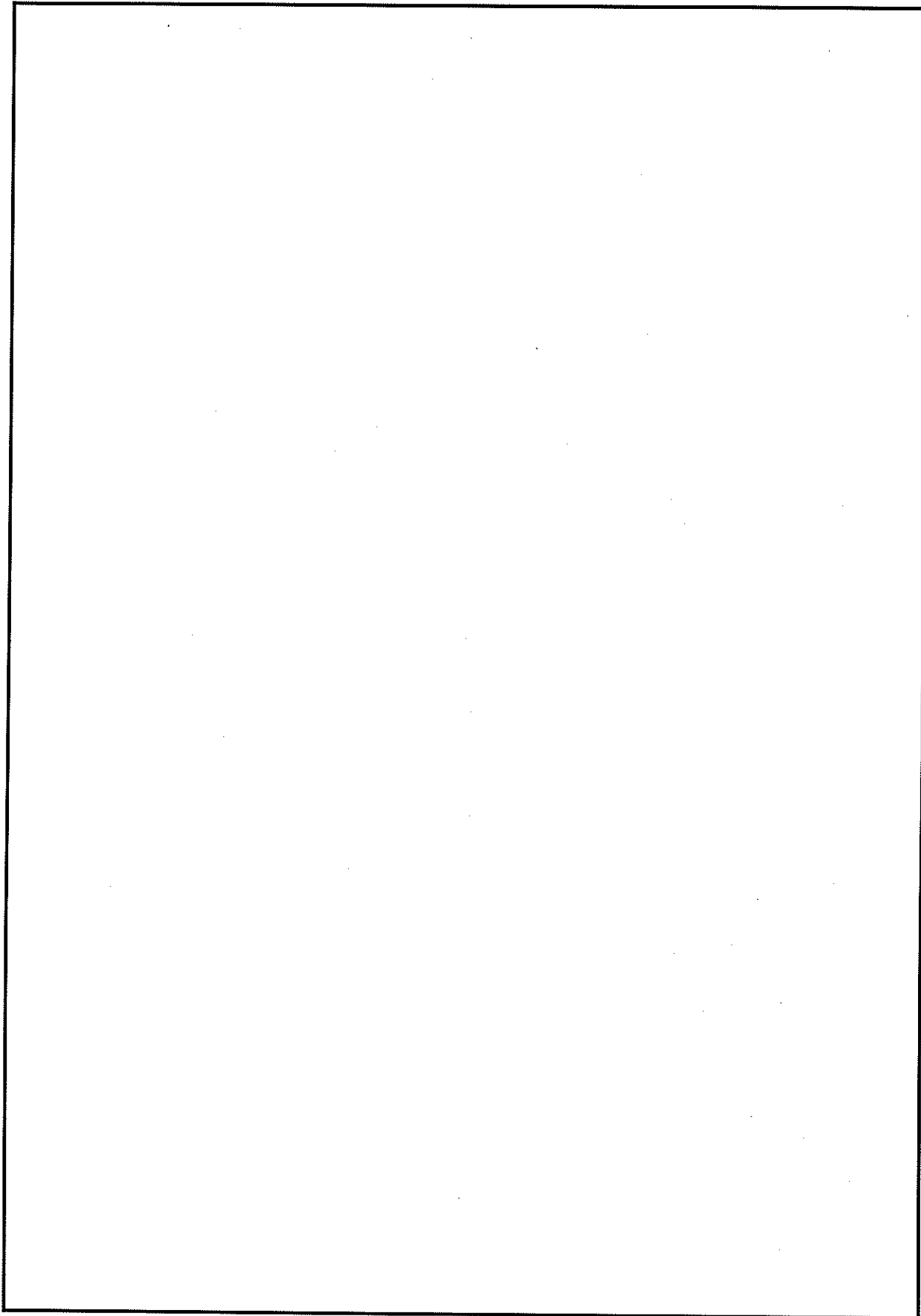
Remember - if someone has personal information about you and has your EBT card (or knows your card number) they can steal all of your EBT benefits.

##### Your Case Information Online:

You can also check your case status and budget information online. Go to [www.mybenefits.ny.gov](http://www.mybenefits.ny.gov) to Login and create a secure online account. To create your account, you will need your ID Number, which is on your New York State Benefit Identification Card; your County and Case Number, which are at the top of this notice; and your date of birth.

##### Free Nutrition Information

All SNAP recipients are eligible for Eat Smart New York (ESNY) - Free nutrition education classes which teach you how to shop smart and stretch your food dollars. For more information and to find out if ESNY is available in your county, call 1-800-342-3009 or go online at:  
<http://www.otda.state.ny.us/main/programs/nutrition/>.



CONTINUED ON THE NEXT PAGE ...

**CONFERENCE AND FAIR HEARING SECTION****DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors; and
2. Ask for a State fair hearing with a State hearing officer.

**AVAILABILITY OF POLICY MATERIALS**

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

For Medicaid determinations, the Department of Health posts Medicaid guidance documents on its website: <http://www.health.ny.gov/guidance/ohip/medicaid/>. Additionally, if you call or write to your local department of social services, specific policy materials necessary for you to decide whether to request a fair hearing or to prepare for the fair hearing will be made available to you at no charge.

**CONFERENCE (Informal meeting with us)**

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

**STATE FAIR HEARING****Deadline for Requesting a Fair Hearing**

If you want the State to review our decision about your SNAP benefits, you must ask for a fair hearing by **October 12, 2021**. This is the deadline even if you asked for a meeting (conference) with us.

**How to Request a Fair Hearing**

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

**WRITE:** Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

**OR CALL:** (800) 342-3334.

When you call, please tell the worker the number of this notice which is **U26DA06036**.

**OR FAX:** Send a copy of this notice to fax number (518) 473-6735

**OR ONLINE:** Complete the online request form at:  
<http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

(Read the next page for more of your Rights)

**REQUEST FOR A FAIR HEARING**

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name : KELSO LEAH  
Address : 620 HOLLEY ST,  
BROCKPORT, NY 14420

District No: 26  
Notice No. : U26DA06036  
Case Number: FA0508317  
Telephone : 585-797-4557

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



CONTINUED ON THE NEXT PAGE ...

**What to Expect at a Fair Hearing**

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**LEGAL ASSISTANCE**

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

**LEGAL ASSISTANCE OF WESTERN NEW YORK, 1 WEST MAIN STREET, SUITE 400, ROCHESTER, NY 14614**  
Telephone: (585) 325-2520

For the names of other lawyers check your Yellow Pages under "LAWYERS".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS**

To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION**

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings  
New York State Office of Temporary and Disability Assistance  
P.O. Box 1930  
Albany, New York 12201**



**IMPORTANT INFORMATION ABOUT  
WHAT CHANGES YOU MUST REPORT FOR SNAP BENEFITS**

**General Telephone No. for Questions or Help: (585) 753-6000**

For most households with income, every six months you either will be mailed a notice telling you that it is time for you to recertify so that you may continue receiving SNAP benefits, or you will be mailed a periodic report form asking you to report any changes in your household's circumstances. However, households that are subject to simplified reporting rules, must report if the household's gross monthly income goes over 130% of the federal poverty level during any month. Special reporting rules for households that are not subject to the simplified ("six-month") reporting rules, and for Able Bodied Adults Without Dependents (ABAWD's) are explained below (please see the reporting rules list at the end of this section to see if these rules apply to you).

At application or recertification, when changes occur between the Date of Interview and the date the Notice of Eligibility is issued, the household will have until 10 days following the end of the calendar month the Notice of Eligibility was issued to report any changes.

If your household's gross monthly income is more than \$2,839.00 (130% of the poverty level) you must report this monthly amount to your social services district by phone, in writing, or in person within 10 days after the end of the month. Gross income is the amount of income before taxes and other deductions are taken out, not the amount you receive when you cash your check. We must use the gross income in figuring your eligibility for SNAP benefits.

Any other kind of income that you receive besides earnings must be added to your gross earned income to know if you are over 130% of the poverty level. Examples of other income that count include child support payments, Unemployment Insurance, temporary assistance payments, Workers Compensation or disability payments such as Social Security, SSI or private disability payments.

For example, if your only income is from earnings, you are paid weekly and your gross income is over \$655.15 a week, or if you are paid biweekly and your gross income is over \$1,310.30 biweekly, you must report this to us within 10 days after the end of the month. When you add up your earnings to see if you are over 130% of poverty, use your gross pay from the last four weeks of the month.

Keep in mind that income limits vary according to household size. Here are the current limits for your reference:

Household Size	130% of Poverty Level Eligibility Standard	Weekly Gross	Biweekly Gross
1	\$1,383	\$319.15	\$638.30
2	\$1,868	\$431.07	\$862.15
3	\$2,353	\$543.00	\$1,086.00
4	\$2,839	\$655.15	\$1,310.30
5	\$3,324	\$767.07	\$1,534.15
6	\$3,809	\$879.00	\$1,758.00
7	\$4,295	\$991.15	\$1,982.30
8	\$4,780	\$1,103.07	\$2,206.15
Each Additional Member	+\$486.00	+112.15	+\$224.31

If anyone in your SNAP household is an Able-Bodied Adult Without Dependents (ABAWD), he/she MUST tell the district if their hours go below 80 hours each month within 10 days after the end of that month. The ABAWD can request a qualifying work activity from the district to help him/her meet the federal ABAWD requirement. If anyone in your SNAP household is an ABAWD, he/she should also report if your household has moved to an area with a federally approved ABAWD waiver or if the ABAWD believes he/she should be exempt from the ABAWD requirement.

Any other changes to your SNAP household including who lives with you, rent costs, and gross income changes under 130% of the poverty level do not need to be reported until your next recertification. You may still voluntarily report any change about your household and, if this change will increase your benefit level and you verify this change, we will increase your benefit.

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If you only report once a year for recertification (12 month certification period), and do not receive Temporary Assistance, you will be required to report your changes on one mail report received 6 months into your certification period.

These reporting rules apply only to Supplemental Nutrition Assistance Program. If you also receive Temporary Assistance (TA), you are still required to report changes for TA within 10 days of the change and at recertification.

If you have questions about this reporting requirement, or if your gross income exceeds the 130% poverty level printed above, you may call the number printed at the top of this letter. Otherwise you will be required to recertify at your next scheduled recertification date and can report any changes you have at that time.

**Reporting Rules for Non-Six-Month Reporters, and for Able Bodied Adults Without Dependents (ABAWD's):**

There are a few households who still have to report changes affecting their eligibility and SNAP benefits as the change occurs. You must report changes within ten days after the end of the month in which the change occurred, if your household:

1. Is without any income, or
2. Has no earned income, and all adults (individuals age 18 and older) are either disabled or over age 59, or
3. Is on SSI or SSD and you live in a certified congregate care group home, or
4. Has a seasonal migrant farm-worker in the household, or
5. Is certified for 3 months or less, or
6. Is homeless (undomiciled - without shelter), or
7. If you are an Able-Bodied Adult Without Dependents ("ABAWD"): you must tell us if your work hours go below 80 hours a month. You must tell us this within 10 days after the end of the month when your work hours fell below 80 hours.

**If you also receive Temporary Assistance (TA), you must report changes for TA within ten days after the change occurs.**

**IMPORTANT INFORMATION ABOUT SNAP WORK REQUIREMENTS  
AND ADDITIONAL REQUIREMENTS FOR  
ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)**

**Work Requirements for SNAP Applicants and Recipients**

Unless an individual is determined by the social services official to be exempt from SNAP work requirements, the individual must:

- o Accept a job or a referral to a job opening
- o Participate in an assessment of your ability to work
- o Provide information regarding your employment status and availability for work
- o Participate in work activities as assigned by the social services district
- o Not voluntarily quit a job or reduce work hours

An individual is required to comply with SNAP work requirements unless the individual is determined by the social services official to be:

- o Younger than 16 years of age or 60 years of age or older.
- o Mentally or physically disabled, incapacitated or ill and unable to engage in work activities.
- o Responsible for the care of a dependent child under the age of six. If the individual is participating in work experience under a federally-funded Temporary Assistance program, this exemption from SNAP work requirements does not apply.
- o Subject to and complying with a work requirement under a federally funded Temporary Assistance program.
- o Responsible for the full-time care of an incapacitated person.
- o An applicant for or recipient of Unemployment Insurance Benefits.
- o A regular participant in a drug addiction or alcoholic treatment and rehabilitation program;
- o A student enrolled at least half-time in a recognized school, training



program or institution of higher education.

- o Employed at least 30 hours a week or earning at least the equivalent of 30 times the federal minimum wage per week.
- o An applicant for Supplemental Security Income (SSI) and SNAP benefits under the joint processing provisions.
- o A 16 or 17 year old individual who is not the head of household or who is attending school or an employment program at least half-time.

If an individual fails to comply with a SNAP work assignment or quits a job, the individual may lose his/her SNAP benefits. The length of time the individual will lose his/her SNAP benefits depends on the number of times the individual has failed to comply with a SNAP work requirement.

**Additional work requirements for SNAP recipients who are ABLE BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)**

If an individual is subject to SNAP work requirements, the individual is an ABAWD and must also meet additional SNAP requirements unless the individual is:

- o Under 18 years of age or 50 years of age or older;
- o Living in a SNAP household that includes a member who is under 18 years of age;
- o Pregnant;
- o Unable to work at least 80 hours a month due to a physical or mental health limitation.
- o A recipient of Veterans Affairs disability compensation; or,
- o A recipient of disability benefits from a public or private source, such as Social Security Disability Insurance (SSDI), Worker's Compensation, or NYS disability benefits

Note: An exemption from SNAP work requirements and/or the ABAWD requirement will only continue for as long as the individual continues to meet one of the conditions listed above. Documentation may be required to confirm that the individual should continue to be exempt because he/she meets one of the conditions listed above.

An individual who is subject to SNAP work requirements and does not meet at least one of the conditions listed above, is only eligible to receive SNAP benefits for three months in a 36 month period unless the individual:

- o Works (including "in-kind" work and volunteer work) for at least 80 hours per month;
- o Participates in an ABAWD qualifying work/training program approved by the social services district for at least 80 hours per month;
- o Complies with a Work Experience Program (WEP) assignment for the number of hours per month equal to the SNAP grant divided by the higher of the federal or State minimum wage;
- o Participate in an employment and training program for veterans operated by the Department of Labor or the Department of Veteran's Affairs for at least 80 hours per month;
- o Participates in a program under the Workforce Innovation and Opportunity Act which may include job search, job readiness, occupational skills training and education activities, or the Trade Act of 1974 for at least 80 hours per month; or,
- o Participates in a combination of work or ABAWD qualifying work programs for at least 80 hours per month.

An ABAWD is required to report to the social services district if his/her hours of work, which includes paid, volunteer, or in-kind work, fall below 80 hours for a month within 10 days after the end of that month and will be required to provide documentation of the change.

If an ABAWD wants to receive SNAP benefits beyond the 3 month limit and is unable to secure paid employment of at least 80 hours a month, the ABAWD should contact the social services district to discuss what work or work programs may be available to permit the ABAWD to meet the work requirement. Social service districts are required to offer and provide a qualifying work activity or training opportunity to all ABAWDs who are subject to the ABAWD requirements to maintain or reestablish eligibility for SNAP benefits.

An ABAWD may receive SNAP benefits for more than 3 months in a 36 month period if the individual has good cause for not meeting the ABAWD requirement or documents

that he/she should not be required to meet the ABAWD requirement because he/she meets at least one of the conditions listed above or lives in an area with an approved ABAWD waiver.

Good cause is an event or circumstance beyond your control which prevents an individual from meeting the ABAWD requirement. Some examples of good cause reasons for not meeting the ABAWD requirement are:

- o The individual is sick during the month and is not able to participate for at least 80 hours in the calendar month
- o The individual has an emergency that prevents the individual from being able to participate for at least 80 hours in the calendar month

The individual is responsible for promptly telling us the reason(s) why he/she is unable to meet the ABAWD requirement and may be required to provide proof that will help document why he/she is not able to meet ABAWD requirements. Here are some examples of what can be submitted to explain why an individual is unable to meet the ABAWD requirement:

- o a letter from the individual's doctor which documents that the individual is unable to participate for at least 80 hours per month,
- o other documents that explain why the individual cannot meet ABAWD requirements

If an ABAWD fails to meet the requirement described above and loses eligibility for SNAP, he/she may be eligible for SNAP benefits again, if otherwise eligible and should immediately contact the social services district to reapply for SNAP benefits. During any consecutive 30 day period the individual will need to: work for at least 80 hours, participate in a qualifying work or training program approved by the social services district for at least 80 hours, work and participate in a qualifying work or training program approved by the social services district for a combined total of at least 80 hours, participate in a 30 day period of job search followed by a work experience assignment if no job is found in the 30 day period. The individual may also be eligible for SNAP benefits again by apply for SNAP benefits and documenting that he/she is exempt from the ABAWD requirement as determined by the social services district or that he/she lives in an area with an approved ABAWD waiver. The individual must also be eligible to receive SNAP benefits again.

If an ABAWD wants to continue to receive SNAP benefits beyond the three-month time limit, he/she should immediately contact the department of social services to discuss the work or training opportunities that are available to permit him/her to continue to receive SNAP benefits. If he/she is meeting this requirement, had good cause for not meeting the ABAWD requirement or believes that he/she should be exempt from the ABAWD requirement because he/she meets at least one of the conditions identified above or lives in an area with an approved ABAWD waiver, he/she should immediately contact the worker listed on the first page of this notice and provide documentation to the social services district.